TRI-COUNTY MEMORIAL HOSPITAL NURSING HOME

18601 LINCOLN, P.O. BOX 65

Ownership: WHITEHALL 54773 Phone: (715) 538-4361 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 68 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ				
Home Health Care	No	Primary Diagnosis	%	 Age Groups	%	 Less Than 1 Year	32.8
Supp. Home Care-Personal Care	No					1 - 4 Years	39.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	3.3	More Than 4 Years	27.9
Day Services	No	Mental Illness (Org./Psy)	27.9	65 - 74	4.9		
Respite Care	No	Mental Illness (Other)	6.6	75 - 84	24.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.7	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	21.3	65 & Over	96.7		
Transportation	No	Cerebrovascular	4.9			RNs	6.2
Referral Service	No	Diabetes	11.5	Sex	9	LPNs	11.4
Other Services	No	Respiratory	8.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.1	Male	24.6	Aides, & Orderlies	47.1
Mentally Ill	No	I		Female	75.4		
Provide Day Programming for		T.	100.0				
Developmentally Disabled	No	I			100.0		
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Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	o _o	Per Diem (\$)	No.	o _o	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.9	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	0	0.0	0	47	90.4	107	0	0.0	0	8	88.9	137	0	0.0	0	0	0.0	0	55	90.2
Intermediate				4	7.7	89	0	0.0	0	1	11.1	121	0	0.0	0	0	0.0	0	5	8.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		52	100.0		0	0.0		9	100.0		0	0.0		0	0.0		61	100.0

County: Trempealeau
TRI-COUNTY MEMORIAL HOSPITAL NURSING HOME

******************************** % Needing Total Percent Admissions from: Number of Residents 61 61 Other Locations Rehabilitation Hospitals 0.0 | 2.2 | Skin Care Other Locations Other Resident Characteristics 4.9 Have Advan 3.3 Medications Deaths 56.5 | With Pressure Sores Have Advance Directives 86.9 Total Number of Discharges | With Rashes (Including Deaths) Receiving Psychoactive Drugs 44.3

Other Hospital-

	This	Other	Hospital-	F	YTT.
	Facility	Based Facilities		Faci	lties
	%	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	87.4	1.08	85.1	1.11
Current Residents from In-County	91.8	84.3	1.09	76.6	1.20
Admissions from In-County, Still Residing	35.6	15.2	2.34	20.3	1.75
Admissions/Average Daily Census	70.3	213.3	0.33	133.4	0.53
Discharges/Average Daily Census	71.9	214.2	0.34	135.3	0.53
Discharges To Private Residence/Average Daily Census	17.2	112.9	0.15	56.6	0.30
Residents Receiving Skilled Care	91.8	91.1	1.01	86.3	1.06
Residents Aged 65 and Older	96.7	91.8	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	85.2	65.1	1.31	67.5	1.26
Private Pay Funded Residents	14.8	22.6	0.65	21.0	0.70
Developmentally Disabled Residents	1.6	1.5	1.13	7.1	0.23
Mentally Ill Residents	34.4	31.3	1.10	33.3	1.03
General Medical Service Residents	13.1	21.8	0.60	20.5	0.64
<pre>Impaired ADL (Mean) *</pre>	36.1	48.9	0.74	49.3	0.73
Psychological Problems	44.3	51.6	0.86	54.0	0.82
Nursing Care Required (Mean)*	8.6	7.4	1.16	7.2	1.20

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